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AGGRESSION IN PSYCHOTIC ILLNESS

Sir,

Study of violence in mental patients is an important issue and is one of the reasons for the stigma of mental illness. Although there are reports that violence is high among the mentally ill, recent reoprts have shown that there is no correlation between mental illness and community violence (Mulvey et al.,1986). In this context the article by Kumar et al.(1999) is highly appreciable especially when there are no studies available from India in this regard. This study concluded that there is no significant difference in the amount of aggression in manics, schizophrenics and other non-organic psychoses. Another impotant finding was that though there was no difference in aggression between manics and other psychoses, the anticipatory perception results in unnecessary restraining of manics in the community.

I would like to highlight some methodogical limitations of the index study. The authors have used Brief Psychiatric Rating Scale to assess the psychopathology across all diagnostic groups. This scale is more sensitive to assess schizophrenic psychopathology than mood disorders - which may be the reason for getting significantly high BPRS score in schizophrenia compared to other diagnostic categories. Since the rating scale scores generally do not follow normal distribution pattern appplication of one-way ANOVA test to compare the BPRS score and SDAS-9 score is statistically not ideal. Moreover before doing one way ANOVA in such cases equality of variance is a pre-requisit. Application of non-parametric test preferably Kruskal-Wallis one way ANOVA test (using mean rank score) would have been more appropriate in such cases. Likewise, because of the same reason comparison of BPRS score and SDAS-9 score between restrained and not restrained group would have been better using a non-paramatric test like Man-Whitney U test using mean rank score. In the analysis of demographic details namely religion and education, the authors can not apply chi-square test as the expected frequencies in the cells of the some of the categories are less than five. This reason is applicable in the analysis of male female difference in restrained and not restrained group as well (Rao et al.,1983). Fisher's Exact Probability test was more preferable in the analysis of male female difference in restraining. In the same study for the analysis of prevalence of restraining in substance abuse group and prevalence of police case/organic insult/criminal behaviour among the different diagnostic categories the authors have not specified which statistical test they have used. Chi-square test is not applicable in such situations as the expected frequencies in some cells are less than five. Yate's correction for continuity can not be applied because the number of categories in rows and columns are more than two. In this situation the statistical inference of this data is doubtful. Only after an appropriate statistical analysis valid conclusion can be drawn from this study.

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DELUSIONAL PREGNANCY

Sir,

The emergence of delusions of pregnancy and its variants in various neuropsychiatric disorders is a fascinating phenomenon. It affects both genders and psychosociocultural factors predominantly determine its expression. Furthermore, its occurrence in biological disorders such as schizophrenia, mood disorders, senile dementia, mental retardation and epileptic psychosis does not confer that it cannot be explained by nonbiological factors. We have reviewed the relevant literature on delusional pregnancy complemented by seven such cases reported in detail elsewhere (Qureshi et al.). These patients were having chronic schizophrenic (n=5) and mood disorder (n=2) psychopathologies. We have mainly focussed on the etiological explanations of delusional pregnancy and sociocultural functions subserved by this symptom. In consonance with this, here we would just like to highlight the following pertinent issues of delusions of pregnancy, 1) cognitive misinterpretation of bodily sensations and physical changes, 2) severe ego pathology, primitive nature of patient's psychology and poor reality testing, 3) wish-fulfillment, 4) separation-individuation concept, 5) an attempt to recapture the lost love object such as husband or child, 6) emotional attachment, i.e. a strong emotional bond between mother and daughter, 7) sustainment and perpetuation of cultural beliefs, 8) unconscious attempt to change the life situations of women in conservative societies, 9) a release of suppressed cultural attitudes and fears and finally 10) an amplification of cultural themes. The author concluded that delusional pregnancy appears to be a web of sociocultural themes.

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NECESSITY OF PSYCHOLOGICAL ASSESSMENT IN THE HEAD AND NECK CANCER

Sir,

The otolaryngologists and head & neck surgeons have confined themselves only to the clinical aspects of head & neck malingnancy. They have traditionally focussed themselves to the survival rate, disease free interval and morbidity as the tools for assessment of results. They are in a habit of talking medically about the disease without considering the patient's psyche. The mere diagnosis of malingnancy has a major psychological impact on the patient which in addition to the sympathy gained by peers creates a sense of an impending doom. During the treatment he becomes isolated and percieves a loss of social support which leads to a reduction in overall health related quality of life (Gamba et al.,1992; Krouse et al.,1989). These patients are prone to develop severe depression owing to the ill effects of long term treatment (Breitbart et al.,1988). The depression may lead to the lack of efficiency, absenteesm from duties or even suicide in extreme cases. I agree with Conniglio & Natterville (1993) that the oncologist should predict the body systems involved by the disease and therapy, plan its rehabilitation before therapy (Slevin et al.,1988). The surgeons tend to stress only on the functional variables such as speaking, eating and breathing without considering the general psyche of the patient, the reason being the lack of a clear cut psychological guidlines to assess the impact of various other factors in a clinical setting. We strongly feel that during the patients pre-op assessment his personality structures, priorities